



SOUTH AFRICAN INSTITUTE OF DRAUGHTING

Association not for Gain

P O Box 750 Howard Place 7450 • Telephone/Telefax: 021 532 0261 • eMail: SAIDraughting@global.co.za
www.SAIDraughting.com

APPLICATION FOR UPGRADING OF MEMBERSHIP

To be completed in **BLOCK LETTERS** and forwarded with supporting documents to the above address

1. PERSONAL PARTICULARS

Title: Prof/Dr/Mr/Ms:		Surname:			
First Names:					
Date of Birth:		Age:		ID Number:	
Residential Address:					
City / Town:				Postal Code:	
Postal Address:					
Postal Code:				Province / Country:	
Telephone:	()	Facsimile:	()		
Mobile:			eMail:		
Name: Employer / Business:					
Physical Address:					
City / Town:				Postal Code:	
Postal Address:					
Postal Code:				Province / Country:	
Telephone:	()	Facsimile:	()		
eMail:				Home Language:	

2. DECLARATION

Declaration by Applicant	Commissioner of Oaths Stamp	
<p><i>I declare under oath, that all the information submitted by me in support of this application is true and correct and is binding on my conscience.</i></p> <p><i>I undertake to be governed by the Constitution and Bylaws, to advance the objectives of the SAID, to uphold it's dignity and to abide by it's code of conduct.</i></p> <p><i>I undertake to return the Certificate of Membership and to pay all dues to such date of written notice, should I wish to terminate my membership.</i></p>		
Signature of Applicant	Date	Commissioner of Oaths

FOR OFFICE USE ONLY

Date Application Received:		Membership Registration #:	
EXECUTIVE COMMITTEE RECOMMENDATION			
Grade:		Category:	
Chairperson's Signature:		Date:	
Date Certificate Issued:			

3.**EDUCATION (highest qualifications for each category)**

Educational Category	Educational Institution	Exam / Course (Grade 12 / Std 10 / N3, N4, Diploma, etc.)	Year Passed
School:			
College:			
University:			
Draughting College:			
Other:			
Present Studies:			N/A

4.**PROFESSIONAL RECOGNITION (registration with a Statutory Body)**

Registration with: South African Council for the Architectural Profession; Engineering Council of South Africa; South African Council for Town & Regional Planners; S A Council for Professional and Technical Surveyors; or similar statutory bodies.	Body:	
	Title:	
	Registration #:	

5.**DRAUGHTING EXPERIENCE (subsequent to election to membership registration)**

Employer	Position Held	From: Date Day / Month / Year	To: Date Day / Month / Year

Name: Present Supervisor:		Telephone:	()
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6.**COMPUTER AIDED DRAUGHTING DETAILS**

In which CAD software packages are you proficient?
State package (e.g. AutoCad, Caddie, etc.)

MEMBERSHIP STATUS – FOR OFFICE USE ONLY

Present SAID Membership Grade:	
Date Admitted to Membership:	
Recognised Draughting Experience on Membership Registration:	